

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
318

State File No. 42614
11320

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>1</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8305 Pennsylvania ave.</u>				d. STREET ADDRESS (If rural, give location) <u>8305 Pennsylvania ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u>		b. (Middle) <u>-----</u>		c. (Last) <u>Moellenberg</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>December 31, 1950</u>	
5. SEX <u>Male</u> <u>C</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 22, 1895</u>		9. AGE (In years last birthday) <u>55</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Petroleum carrier</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stock Room</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri.</u> <u>O</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>John Moellenberg</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Amanda</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give year or dates of service) <u>WW-1</u>		16. SOCIAL SECURITY NO. <u>445-32-7082</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Amanda Moellenberg 8305 Pennsylvania</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary occlusion</u> ANTECEDENT CAUSES <u>Chronic hypodermatitis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic hypodermatitis</u> DUE TO (c) <u>Chronic hypodermatitis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u> <u>3 wks</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21f. HOW DID INJURY OCCUR? <u>H222</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3:10 PM, 1951</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>3/22, 1951</u> , to <u>3/22, 1951</u> , that I last saw the deceased alive on <u>3/22, 1951</u> , and that death occurred at <u>5:10 PM</u> , from the causes and on the date stated above.							
23. SIGNATURE (Signature or title) <u>William F. McKinnon MD</u>		23b. ADDRESS <u>7619 Gray Ave</u>		23c. DATE SIGNED <u>2 Jan 51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 4, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Watson & McKenzie Road St. L. Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>JAN 3 1951</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		FUNERAL DIRECTOR'S SIGNATURE <u>C. Hoffmeister & S. F. Co.</u>		ADDRESS <u>7814 S. Broadway</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed

Harry J. Schumacher

Signed.....
Student Embalmer

Licensed Embalmer No. *2679*

P. O. Address *7814 P. Broadway*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.